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CONFIRMATION NO. 1045

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/604,046 | FILING OR 371(c) DATE 06/24/2003 RULE | CLASS 422 | GROUP ART UNIT 1744 | ATTORNEY DOCKET NO. WRIGP001US | |
| APPLICANTS James H. Wright, Glens Falls, NY; | | | | | |
| ** CONTINUING DATA ***** <i>None KCI 5/24/07</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None KCI 5/24/07</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/11/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>KCI</i> Acknowledged <i>KCI</i> Examiner's Signature Initials | | STATE OR COUNTRY NY | SHEETS DRAWING 3 | TOTAL CLAIMS 60 | INDEPENDENT CLAIMS 2 |
| ADDRESS 27949 | | | | | |
| TITLE Anti-Splash, Anti-Spill Apparatus and Method for Holding Antiseptic Solution During a Surgical Procedure | | | | | |
| FILING FEE RECEIVED 1035 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |